

**KENTUCKY STATE BOARD FOR PROPRIETARY EDUCATION**

911 Leawood Drive (40601)

PO Box 1360

Frankfort, Kentucky 40602

(502) 564-3296, ext. 239

**APPLICATION TO REVISE AN EXISTING PROGRAM**

This application must be printed legibly or typed and completed in its entirety and submitted with all supporting material in triplicate with the application fee of \$150, by check or money order made payable to the *Kentucky State Treasurer*, to the office of the Kentucky State Board for Proprietary Education. **DO NOT SEND CASH.**

**INSTITUTION INFORMATION:**

Date: \_\_\_\_\_

Complete Name of Institution: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Administrative contact person, e-mail Address, and FAX number: \_\_\_\_\_

\_\_\_\_\_

Official Title of Program to be Revised: \_\_\_\_\_

Type of program: Diploma \_\_\_\_\_ Certificate \_\_\_\_\_ Associate Degree: \_\_\_\_\_ (Type: \_\_\_\_\_)

Date Institution Founded: \_\_\_\_\_

Complete Names and Titles of School Officials:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Complete Name, Address and Telephone Numbers of **all** School Owner(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Corporation Name: \_\_\_\_\_

Briefly state the school's philosophy and objectives: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ACCREDITATION

List all agencies currently accrediting or approving this school:

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## REQUESTED PROGRAM CHANGE INFORMATION

Objective of program after change: \_\_\_\_\_

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Length of program: **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

Cost of current program to students: \$\_\_\_\_\_ Will this cost change? Yes \_\_\_\_ No \_\_\_\_

If yes, state new cost to students: \$ \_\_\_\_\_

Attach a complete course description with credit hours for each course in program (marked Exhibit A).

Identify all new courses to be offered within this program:

_____	_____
_____	_____
_____	_____

List performance objectives, indicating skills and understanding student will have upon completion of the program (marked Exhibit B).

Attach an inventory of all equipment to be utilized by the student(s) to successfully complete this program identifying all new equipment (marked Exhibit C).

Attach a list of all instructors and a completed PE-14, School Personnel Form, for each instructor of this program (marked Exhibit D).

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*I certify that the information contained on this application and all attachments to be true and correct to the best of my knowledge.*

\_\_\_\_\_  
Signature of Authorized School Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Complete Name of Authorized School Official

\_\_\_\_\_  
Title